

Missouri Department of Labor and Industrial Relations

DIVISION OF WORKERS' COMPENSATION

*This employer is operating under and subject to the provisions of the
Missouri Workers' Compensation Law.*



If A Work Injury Occurs . . .

Missouri law guarantees certain benefits to employees who are injured or become ill because of their jobs. An injury occurs out of and in the course of employment. An injury by accident is compensable only if the accident was the prevailing factor in causing both the resulting medical condition and disability. An injury by occupational disease is compensable only if the occupational exposure was the prevailing factor in causing both the resulting medical condition and disability. Check with your supervisor if you have any questions.

Workers' Compensation Benefits Include . . .

In addition to all other compensation paid to the employee under §287.140 RSMo, the employee is entitled to receive:

★ **Medical Care.** The employer shall provide medical care as may reasonably be required after the injury or disability to cure and relieve the employee from the effects of the injury. Medical treatment is without a deductible to the employee or dollar limit. Costs are paid directly by your employer's insurance company, so you should not receive a bill. If you do receive a bill, give it to the employer's designated representative or contact the insurer listed below.

Your employer will arrange for medical treatment and select a doctor to care for your workers' compensation injury. If you want to change doctors, you must get prior authorization from the employer.

If you go to another doctor without prior authorization, it is at your expense.

★ **Payment for Lost Wages.** If you are unable to return to any form of employment due to the injury or illness, you should receive temporary total disability (TTD) benefits that are tax-free, until the treating doctor says you are able to return to work. Payments are two-thirds of your average weekly wage, up to a maximum rate set by state law. Payments are not made for the first three days or less that your employer is open for business, unless you are unable to work more than 14 calendar days. If you do not receive a check, contact the insurer listed below. An employee is disqualified from receiving TTD during any period of time that the employee applies and receives unemployment compensation.

★ **Permanent Disability Benefits.** If the injury or illness results in a permanent disability you may be entitled to receive either permanent partial or permanent total disability benefits.

★ **Death Benefits.** If the injury results in death, benefits will be paid to surviving dependents.

In The Event Of A Work Injury . . .

Employer Must:

1. Be sure first aid is given.
2. See that the injured employee is directed to a doctor or hospital, if necessary.

Employee Must:

1. Report the injury IMMEDIATELY to your supervisor or _____
(Employer's Designated Representative)
at _____ (Phone Number).

Employees who fail to notify the employer of a work injury within thirty days may jeopardize their ability to receive workers' compensation benefits.

2. If you have questions about Workers' Compensation, your employer will supply you with additional information; or you may contact an Information Specialist at the Division of Workers' Compensation 1-800-775-COMP.

**Insurance Company,
Third Party Administrator,
Service Company, or
Designated Individual If Self-Insured**

Name _____

Address _____

Phone Number _____

(Please do not insert the Division of Workers' Compensation or its toll-free number in this section)

**If
Noncompliance
Occurs . . .**

Contact 1-800-592-6003 if you believe your employer does not:

1. Insure his/her employees with workers' compensation insurance. (Coverage is required for employers who have five or more employees, one or more if in the construction industry.)
2. Report employee injuries to the Division of Workers' Compensation.
3. Post workers' compensation notice.

★ An employer who fails to insure its liability shall be guilty of a class A misdemeanor punishable by up to one year in jail and penalty of "up to three times" the annual premium the employer would have paid, or "up to \$50,000, whichever amount is greater."

**If Fraud
Occurs . . .**

Contact 1-800-592-6003 if you suspect fraudulent action by one of the following:

1. An employee, employer, insurer, physician, attorney or others involved in making a false statement in an attempt to obtain or deny a benefit as it relates to workers compensation. The false statement must be of a material fact.
2. Misrepresentation of job classification made by an employer or an insurer.

★ Fraud is unlawful and subject to criminal prosecution by the state of Missouri.

If you have questions or need more information about Workers' Compensation benefits, contact an Information Specialist at:

**Missouri Division of Workers' Compensation
3315 West Truman Blvd., P.O. Box 58
Jefferson City, MO 65102-0058**

www.dolir.mo.gov/wc

1-800-775-COMP* • TDD 1-800-735-2966

**This toll-free number is provided for employee's questions only. Section 287.126 RSMo. Other persons with questions may call 888-837-6069 for information and assistance.*

**Workplace
Safety Contact**

The Missouri Division of Workers' Compensation offers free safety services to Missouri employers through its Missouri Workers' Safety Program (MWSP). MWSP's main goals are to help employers reduce occupational injuries and control workers' compensation costs. The Division also certifies the safety engineering and management program that is provided to employers, upon request, by their insurance carriers.

★ Employers may contact MWSP at 1(800) 775-COMP or 573/526-3504, email mowsp@doldwcmail.dolir.state.mo.us for information about workplace safety or for a registry of safety consultants and safety engineers who are certified by the Division.

★ Employees are urged to direct safety related questions to their employer's designated safety person.

The Division of Workers' Compensation does not discriminate against individuals with disabilities as mandated by P.L. 101-336, The Americans With Disabilities Act. Alternative format available upon request.

**This poster is required by section 287.127, RSMo, and is available to employers and insurers free of charge by contacting the Division at 573-751-4231.
This poster must be displayed in its original size 11 x 17.**